

ISSUE SLIP STAPLE APPA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		8/10/99
O.I.P.E. CLASSIFIER		680485	8/13/99
FORMALITY REVIEW			(259)

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	4/9/95	3/10/94	Date
1	✓	✓	✓	✓	
2	✓	✓	✓	✓	
3	✓	✓	✓	✓	
4	✓	✓	✓	✓	
5	✓	✓	✓	✓	
6	✓	✓	✓	✓	
7	✓	✓	✓	✓	
8	✓	✓	✓	✓	
9	✓	✓	✓	✓	
10	✓	✓	✓	✓	
11	✓	✓	✓	✓	
12	✓	✓	✓	✓	
13	✓	✓	✓	✓	
14	✓	✓	✓	✓	
15	✓	✓	✓	✓	
16	✓	✓	✓	✓	
17	✓	✓	✓	✓	
18	✓	✓	✓	✓	
19	✓	✓	✓	✓	
20	✓	✓	✓	✓	
21	✓	✓	✓	✓	
22	✓	✓	✓	✓	
23	✓	✓	✓	✓	
24	✓	✓	✓	✓	
25	✓	✓	✓	✓	
26	✓	✓	✓	✓	
27	✓	✓	✓	✓	
28	✓	✓	✓	✓	
29	✓	✓	✓	✓	
30	✓	✓	✓	✓	
31	✓	✓	✓	✓	
32	✓	✓	✓	✓	
33	✓	✓	✓	✓	
34	✓	✓	✓	✓	
35	✓	✓	✓	✓	
36	✓	✓	✓	✓	
37	✓	✓	✓	✓	
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39	✓	✓	✓	✓	
40	✓	✓	✓	✓	
41	✓	✓	✓	✓	
42	✓	✓	✓	✓	
43	✓	✓	✓	✓	
44	✓	✓	✓	✓	
45	✓	✓	✓	✓	
46	✓	✓	✓	✓	
47	✓	✓	✓	✓	
48	✓	✓	✓	✓	
49	✓	✓	✓	✓	
50	✓	✓	✓	✓	

Claim	Final	Original	4/9/95	3/10/94	Date
51	✓	✓	✓	✓	
52	✓	✓	✓	✓	
53	✓	✓	✓	✓	
54	✓	✓	✓	✓	
55	✓	✓	✓	✓	
56	✓	✓	✓	✓	
57	✓	✓	✓	✓	
58	✓	✓	✓	✓	
59	✓	✓	✓	✓	
60	✓	✓	✓	✓	
61	✓	✓	✓	✓	
62	✓	✓	✓	✓	
63	✓	✓	✓	✓	
64	✓	✓	✓	✓	
65	✓	✓	✓	✓	
66	✓	✓	✓	✓	
67	✓	✓	✓	✓	
68	✓	✓	✓	✓	
69	✓	✓	✓	✓	
70	✓	✓	✓	✓	
71	✓	✓	✓	✓	
72	✓	✓	✓	✓	
73	✓	✓	✓	✓	
74	✓	✓	✓	✓	
75	✓	✓	✓	✓	
76	✓	✓	✓	✓	
77	✓	✓	✓	✓	
78	✓	✓	✓	✓	
79	✓	✓	✓	✓	
80	✓	✓	✓	✓	
81	✓	✓	✓	✓	
82	✓	✓	✓	✓	
83	✓	✓	✓	✓	
84	✓	✓	✓	✓	
85	✓	✓	✓	✓	
86	✓	✓	✓	✓	
87	✓	✓	✓	✓	
88	✓	✓	✓	✓	
89	✓	✓	✓	✓	
90	✓	✓	✓	✓	
91	✓	✓	✓	✓	
92	✓	✓	✓	✓	
93	✓	✓	✓	✓	
94	✓	✓	✓	✓	
95	✓	✓	✓	✓	
96	✓	✓	✓	✓	
97	✓	✓	✓	✓	
98	✓	✓	✓	✓	
99	✓	✓	✓	✓	
100	✓	✓	✓	✓	

Claim	Final	Original	Date
110			
112			
113			
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)